SANNES SKOGDALEN

101 SUNSHINE BOULEVARD, P.O. BOX 177

SOLDIERS GROVE 54655 Phone: (608) 624-5244 Ownership: Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/03): 66 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/03): 66 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 50 Average Daily Census: 52

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	8
Home Health Care No		. 4 2			용		20.0
Supp. Home Care-Personal Care	No			1			34.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0	•	36.0
Day Services	No	Mental Illness (Org./Psy)	28.0	65 - 74	6.0		
Respite Care	No	Mental Illness (Other)	4.0	75 - 84	36.0		90.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	20.0	65 & Over	100.0		
Transportation	No	Cerebrovascular	14.0			RNs	9.7
Referral Service	No	Diabetes	2.0	Gender	용	LPNs	6.5
Other Services	No	Respiratory	2.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.0	Male	30.0	Aides, & Orderlies	47.7
Mentally Ill	No	[		Female	70.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	275	35	94.6	114	0	0.0	0	8	66.7	135	0	0.0	0	0	0.0	0	44	88.0
Intermediate				2	5.4	95	0	0.0	0	4	33.3	125	0	0.0	0	0	0.0	0	6	12.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		37	100.0		0	0.0		12	100.0		0	0.0		0	0.0		50	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	18.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.0	Bathing	4.0		62.0	34.0	50
Other Nursing Homes	0.0	Dressing	18.0		58.0	24.0	50
Acute Care Hospitals	67.4	Transferring	24.0		46.0	30.0	50
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		46.0	34.0	50
Rehabilitation Hospitals	0.0	Eating	66.0		18.0	16.0	50
Other Locations	7.0	*******	******	*****	*****	******	*****
Total Number of Admissions	43	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.0	Receiving Resp	iratory Care	2.0
Private Home/No Home Health	20.8	Occ/Freq. Incontiner	nt of Bladder	36.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	18.8	Occ/Freq. Incontiner	nt of Bowel	18.0	Receiving Suct	ioning	0.0
Other Nursing Homes	4.2				Receiving Osto	my Care	0.0
Acute Care Hospitals	6.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	10.0	Receiving Mech	anically Altered Diets	26.0
Rehabilitation Hospitals	0.0	1			_	_	
Other Locations	2.1	Skin Care			Other Resident C	haracteristics	
Deaths	47.9	With Pressure Sores		4.0	Have Advance D	irectives	66.0
Total Number of Discharges		With Rashes		4.0	Medications		
(Including Deaths)	48				Receiving Psyc	hoactive Drugs	48.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary		50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	용	Ratio	용	Ratio	용	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78.8	80.8	0.97	83.7	0.94	84.0	0.94	87.4	0.90
Current Residents from In-County	64.0	73.7	0.87	72.8	0.88	76.2	0.84	76.7	0.83
Admissions from In-County, Still Residing	20.9	19.8	1.06	22.7	0.92	22.2	0.94	19.6	1.07
Admissions/Average Daily Census	82.7	137.9	0.60	113.6	0.73	122.3	0.68	141.3	0.59
Discharges/Average Daily Census	92.3	138.0	0.67	115.9	0.80	124.3	0.74	142.5	0.65
Discharges To Private Residence/Average Daily Census	36.5	62.1	0.59	48.0	0.76	53.4	0.68	61.6	0.59
Residents Receiving Skilled Care	88.0	94.4	0.93	94.7	0.93	94.8	0.93	88.1	1.00
Residents Aged 65 and Older	100	94.8	1.05	93.1	1.07	93.5	1.07	87.8	1.14
Title 19 (Medicaid) Funded Residents	74.0	72.0	1.03	67.2	1.10	69.5	1.06	65.9	1.12
Private Pay Funded Residents	24.0	17.7	1.36	21.5	1.12	19.4	1.23	21.0	1.15
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	32.0	31.0	1.03	39.1	0.82	36.5	0.88	33.6	0.95
General Medical Service Residents	20.0	20.9	0.96	17.2	1.16	18.8	1.06	20.6	0.97
Impaired ADL (Mean)	51.6	45.3	1.14	46.1	1.12	46.9	1.10	49.4	1.04
Psychological Problems	48.0	56.0	0.86	58.7	0.82	58.4	0.82	57.4	0.84
Nursing Care Required (Mean)	4.5	7.2	0.62	6.7	0.67	7.2	0.63	7.3	0.61